

2430

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 20

Registrar's No. _____

1. Place of Death: (a) County Cochise (b) City or Town Pomerene (c) Location _____ (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 35 yrs.; in Arizona 67 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Pomerene
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME LEBBEUS EZRA COONS (b) If Veteran No (c) If Yes, which country _____
Social Security No. None (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband Ellen Thum Coons 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct. 30 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 2 If less than one day hrs. _____ min. _____

9. Birthplace Spring City, Salem, Utah
(City, town or county) (State or Country)

10. Usual Occupation Farmer (Retired)

11. Industry or Business _____

12. Name Lebbeus Thaddeus Coons

13. Birthplace Leg Creek, Iowa
(City, town or county) (State or Country)

14. Maiden Name Delia Elizabeth Curtis

15. Birthplace Pross, Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Delia Coons

(b) Address Pomerene, Arizona

17. (a) Burial, Cremation or Removal Removal

(b) Place Pross (c) Date Aug. 2 1944

18. (a) Embalmer's Signature _____

(b) Funeral Director Hessley Mortuary

(c) Address Pross, Ariz

19. (a) Aug. 2, 1944 (Date received local Registrar)

(b) Dora F. Reeves (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 2, 1944
TIME (Hour and minute) 5:23 P. M.

21. I hereby certify that I attended the deceased from July 15 1944

_____ 19 _____ to August 2, 1944

that I last saw him alive on August 2, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio renal disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury _____

23. Signature A. H. Sherrin M. D.

Address Benson, Ariz Date signed Aug. 2, 1944

DURATION

5 years +

PHYSICIAN

Underline the cause to which death should be charged statistically